

PLANNING AND ZONING COMMISSION APPLICATION

CASE	NUMBER
DATE	E RECEIVED
HEAF	RING DATE
A. G	ENERAL INFORMATION (PRINT OR TYPE)
1.	Name of person or entity requesting hearing
	Address_
	Telephone number that can be reached between 8:30 a.m. and 4:30 p.m.
2.	Address of subject property
3	Fee Owners of subject property. Submit names, addresses and telephone numbers:
4.	Has subject property been subject to previous Planning and Zoning hearings:
	Yes No (If yes, attach application number and brief explanation)
5.	Attach site plan if required by Zoning Administrator.
	Required Not required
	YPE OF HEARING REQUESTED (CHECK APPLICABLE ATEGORY)
	1. MAP AMENDMENT (nine copies of site plan required)
	Legal description: (attach additional sheets if needed)

a. Current zoning of property		
b. Proposed zoning of property 2. TEXT AMENDMENT a. Section (s) of Zoning Ordinance of proposed change: b. Proposed text changes (attach additional sheets if needed) 5. DEVELOPMENT PLAN REVIEW a. Nine copies of development plan are required to be submitted with the application b. Legal Description (attach additional sheets if needed)	_	
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b. Legal Description (attach additional sheets if needed)	_	
	3. <u>DEVELO</u>	PMENT PLAN REVIEW
		Nine copies of development plan are required to be submitted
	a	Nine copies of development plan are required to be submitted with the application
	a	Nine copies of development plan are required to be submitted with the application
	a	 Nine copies of development plan are required to be submitted with the application Legal Description (attach additional sheets if needed)

I hereby depose and say under the penalties of perjury that all of the statements contained in or submitted with this application are true.

Owner's or duly authorized legal agent's signature	
City of County of Commonwealth of Kentucky	
Subscribed and sworn to before me this day of	, 2003.
Notary Public My Commission expires	